

**UNITED STATES OF AMERICA  
BEFORE THE NATIONAL LABOR RELATIONS BOARD  
REGION SIX**

FRICK HOSPITAL

Employer

and

**Case 6-RC-11888**

FRICK PROFESSIONAL NURSES  
ASSOCIATION/HEALTHCARE-PSEA/PSEA

Petitioner

**DECISION AND DIRECTION OF ELECTION**

Upon a petition duly filed under Section 9(c) of the National Labor Relations Act, a hearing was held before Clifford E. Spungen, a hearing officer of the National Labor Relations Board.

Pursuant to the provisions of Section 3(b) of the Act, the Board has delegated its powers in connection with this case to the undersigned Regional Director.<sup>1</sup>

Upon the entire record<sup>2</sup> in this case, the Regional Director finds:

1. The hearing officer's rulings made at the hearing are free from prejudicial error and are hereby affirmed.

2. The Employer is engaged in commerce within the meaning of the Act and it will effectuate the purposes of the Act to assert jurisdiction herein.

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<sup>1</sup> Under the provisions of Section 102.67 of the Board's Rules and Regulations, a request for review of this Decision may be filed with the National Labor Relations Board, addressed to the Executive Secretary, 1099 14th Street, N.W., Washington, D.C. 20570-0001. This request must be received by the Board in Washington by December 1, 2000.

<sup>2</sup> The Employer and the Petitioner filed timely briefs in this matter which have been duly considered by the undersigned. The Intervenor did not file a brief in this matter.

3. The labor organizations involved claim to represent certain employees of the Employer.<sup>3</sup>

4. A question affecting commerce exists concerning the representation of certain employees of the Employer within the meaning of Section 9(c)(l) and Section 2(6) and (7) of the Act.

As amended at the hearing, the Petitioner seeks to represent a unit consisting of all full-time and regular part-time registered nurses<sup>4</sup> employed by the Employer at its 508 South Church Street, Mt. Pleasant, Pennsylvania, hospital facility (herein referred to as the hospital); excluding all office clerical employees, all home health care registered nurses and guards, all other professional employees and supervisors<sup>5</sup> as defined in the Act, and all other employees. The Employer, contrary to the Petitioner, contends that the petitioned-for unit is inappropriate as it is contrary to the Board's Final Rule on Appropriate Collective Bargaining Units in the Health Care Industry, and as it is too limited in scope, and submits that the only appropriate unit is a single unit comprised of all full-time and regular part-time registered nurses employed at the hospital and in its home health care department (herein referred to as HHC) facilities located in Mt. Pleasant, Connellsville and Melcroft, Pennsylvania.

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<sup>3</sup> At the hearing, Service Employees International Union, Local 585, AFL-CIO, CLC intervened in this matter, seeking to represent any unit found appropriate herein.

<sup>4</sup> At the hearing, the parties stipulated that the following job classifications are properly included in the petitioned-for unit: case manager, occupational health RN, imaging/cardiopulmonary RN, cardiac rehab RN, nurse educator/infection control nurse. The parties also agreed that those "casual" RNs who have worked an average of 4 hours or more per week in the last quarter preceding the eligibility date shall be eligible to vote as regular part-time employees in any election directed herein.

<sup>5</sup> The parties stipulated, and I find, that Chief Patient Care Officer Margaret Tepper, Supervisor of Home Health Care Cynthia Gesinski, Director of Nursing Ranae Splendore, Director of Nursing of Skilled Care Kathleen Janicik, Nurse Managers Lisa Ware, Eileen Lisker, Melissa Coffman, Dennis Collins, Susan Poklembo, Deborah Mastowski and Susan Kezmarsky and Shift Supervisors Tom Beck, William Burd, Mary Ann Rockwell and Mary Lou Holder, are supervisors within the meaning of the Act inasmuch as they possess one or more of the authorities enumerated in Section 2(11) of the Act. They are, therefore, excluded from the unit found appropriate herein.

There are approximately 150 employees in the petitioned-for unit, and approximately 167 employees in the unit urged to be appropriate by the Employer. There is no history of collective bargaining for any of the employees involved herein.<sup>6</sup>

The Employer, a Pennsylvania corporation, is engaged in the operation of an acute care hospital in Mt. Pleasant, Pennsylvania, at which the majority of the employees in the petitioned-for unit work. The hospital facility is comprised of a three-story main building<sup>7</sup> with a two-story south wing and four-story north wing. On an adjacent piece of land are hospital-owned buildings, including the MRI Building, the Rose Building<sup>8</sup> and the HHC office. The hospital and those buildings on the adjacent piece of land are commonly referred to as the Frick Campus.

The Employer provides skilled nursing care and other services<sup>9</sup> in the patient's home through HHC. HHC provides such services only upon physician referral. The record establishes that 80 per cent of HHC's patients are referred upon their discharge from the hospital. The remaining 20 per cent of HHC's patients are referred by outside sources.<sup>10</sup>

The Employer maintains three HHC offices. One HHC facility is located in the one-story HHC building<sup>11</sup> approximately 100 yards away from the main hospital on the Frick Campus. The second HHC facility is located at Highlands Hospital in Connellsville, Pennsylvania,

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<sup>6</sup> The record indicates that the Intervenor represents a unit which includes HHC assistants, medical secretaries and other groups of employees working at the hospital. Based on Regional Office records, of which I have taken official notice, the Intervenor in this matter has represented a service and maintenance unit at the Hospital since 1977, before the acquisition of any home health care functions. It appears that any inclusion of employees working in HHC in this unit has occurred by agreement of the parties.

<sup>7</sup> Attached to the main building is an obstetrics wing. A surgical suite is attached to the north wing.

<sup>8</sup> The Rose Building houses a physician's office which provides radiation oncology services. The MRI building is the location of an office providing magnetic resonance imaging services. None of the Employer's RNs work at the MRI Building or at the Rose Building.

<sup>9</sup> Social workers from the Employer's Social Services Department and dieticians from the Employer's Nutrition Services Department provide required services to patients in HHC.

<sup>10</sup> These sources include self referrals and referrals from family members, physicians' offices or other facilities.

<sup>11</sup> This building is described in the record as a ranch house.

approximately nine to ten miles from the Frick Campus.<sup>12</sup> The third HHC facility is an office located in Melcroft, Pennsylvania, approximately 16 miles from the Frick Campus.

The Employer provides home health care services in the geographic area limited to Fayette and Westmoreland Counties. Prior to 1986, home health service was independently provided by an entity known as Fay-West Home Health. In 1986, the Employer took over Fay-West Home Health and the HHC was created. The record establishes that HHC continues to be referred to as Fay-West Home Health, and is licensed by the Commonwealth of Pennsylvania and accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in that name. Likewise, reimbursements from Medicare and other insurers are made payable to Fay-West Home Health.

The Employer has a Board of Trustees to which the CEO reports. Reporting to the CEO are Chief Patient Care Officer Margaret Tepper, Chief Human Resources and Clinical Support Officer Linda Rose and the Chief Financial Officer. Although Tepper is ultimately responsible for the oversight of all nursing departments,<sup>13</sup> each department is under the day-to-day direction of a nurse manager or a department director.<sup>14</sup> Within HHC the nurse manager is Susan Kezmarsky<sup>15</sup> and Cynthia Gesinski is the Supervisor of Home Health.<sup>16</sup>

The RNs in the petitioned-for unit all work on various units in the acute care hospital, including medical/surgical, obstetrics, emergency room, short procedure unit, oncology, diabetes, intensive care, cardiac care and occupational health. In the hospital setting, the RNs

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<sup>12</sup> The record indicates that until six months ago Frick Hospital and Highlands Hospital were affiliated institutions. Although this affiliation has terminated, one of the Employer's HHC offices continues to be located at Highlands Hospital.

<sup>13</sup> Tepper also oversees the HHC social workers.

<sup>14</sup> DON Splendore and DON of Skilled Care Janicik report directly to Tepper. The record indicates that Splendore is responsible for interviewing applicants for HHC. The record is silent as to Janicik's area of supervision. However, inasmuch as Janicik was not discussed as having any dealings with HHC RNs, it appears that her duties relate to RNs other than those working in HHC.

<sup>15</sup> Kezmarsky's official title is Manager of Home Health Services of Fay-West Home Health.

<sup>16</sup> The record is silent as to the responsibilities of Supervisor of Home Health Care Cynthia Gesinski.

are engaged primarily in patient care. Thus, they perform such functions as assessing patients' needs, taking blood pressure, starting intravenous lines, administering injections, changing dressing and attending to Foley catheters.

The hospital operates on a 24-hour per day, 365-day per year basis. The hospital RNs work on various shifts depending on the hours of the unit in which they are employed. For instance, in medical/surgical units, ICU, CCU, PCU, and in the pediatrics unit, RNs work shifts of 7:00 a.m. to 3:00 p.m., 3:00 p.m. to 11 p.m. or 11:00 p.m. to 7:00 a.m. RNs in those units may work a steady shift or may rotate shifts. Certain units, including the short procedures unit, oncology, and diabetes, operate only on weekdays, and therefore RNs working in those units work only on the day shift. In other departments, hospital RNs are required to work weekends and every other holiday and may be on call on certain weekends. In certain units, RNs work three 12-hour shifts and have four days off each week. At times, hospital RNs are required to work overtime.<sup>17</sup>

The uniforms of hospital RNs also vary according to department. Apparently, most hospital RNs wear blue and white uniforms, but RNs working in the operating room wear green scrubs. The nurse educator/infection control nurse, occupational health nurse and case managers wear business attire to work.

Nurse Manager Kezmarsky is responsible for the day-to-day operation of HHC. She directs and oversees the HHC RNs in performing their patient care services. The record establishes that Kezmarsky spends three to four days per week at the HHC office at Highlands Hospital. The balance of her time is spent at the HHC office on the Frick Campus.

There are approximately 17 RNs working in HHC.<sup>18</sup> Approximately six RNs report to the Frick Campus HHC office and approximately six RNs report to the Highlands Hospital HHC

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<sup>17</sup> Overtime is required in emergency situations.

<sup>18</sup> The record establishes that two of the HHC RNs, Pat Broderick and Ruth Shannon, are classified as "casual" RNs who work on an "as needed" basis.

office. One RN reports to the Melcroft office. The HHC operates primarily on weekdays and the HHC RNs work primarily on the day shift. The record indicates that an afternoon shift was recently added; however HHC RNs are only required to work on the afternoon shift four times per year. The HHC RNs also work every fifth weekend. Although Kezmarsky has the authority to mandate HHC RNs to work overtime, the record establishes that the need to exercise this authority has never arisen. At the beginning of the year, Kezmarsky schedules HHC RNs for the holidays and weekends they are to work throughout the year.

As to the daily assignments, the record establishes that Kezmarsky assigns each of the HHC RNs five to six home visits per day. Such assignments are recorded each day for the following day. HHC RNs generally begin the day by reporting to the office from which they work to get the daily assignments. The record indicates that HHC RNs may begin their duties from their home if the assigned visit is located nearby. An initial visit to a patient's home is generally the most time-consuming visit for the HHC RN. At this visit, the RN is responsible for carefully assessing the patient's needs, completing paperwork and devising a plan of care in conjunction with the physician's order.<sup>19</sup> During the more routine visits after the plan of care has been established, HHC RNs perform patient care functions, including taking blood pressure, changing dressings, administering IV therapy, starting an IV line, administering a tube-feeding, managing a ventilator, and performing other patient care as needed. After the RN's daily assignments are completed, he or she returns to the HHC office to complete the necessary paperwork for the HHC clinical record. In addition, the HHC RN maintains his or her time sheet to account for the time spent traveling and the time spent in particular visits. One of the job requirements of HHC RNs is that they have suitable transportation.<sup>20</sup>

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<sup>19</sup> For those HHC patients who are referred from the hospital, the physician's order is generally entered prior to the patient's discharge from the hospital.

<sup>20</sup> There is no similar requirement for hospital RNs.

The HHC department is classified as within the business attire dress code. However, the record indicates that most of the HHC RNs choose to wear public health colors of blue and white.

HHC services representative Cheryl Siwula works primarily in the hospital.<sup>21</sup> Siwula acts as a liaison between the hospital and HHC to coordinate the patient referrals from the hospital. In this regard, Siwula interacts with RN staff and RN charge nurses, social service representatives and physicians. When Siwula receives a referral, she screens the patient's chart to establish the necessity for HHC services. Siwula then provides the patient's family with information about HHC.

The Employer's Human Resources Department, responsible for hiring, discipline, firing, strategic planning, and labor relations matters, is located in the hospital. The record indicates that the personnel files of all employees, including those working at HHC, are kept in the Human Resources Department. The Human Resources Department is headed by Chief Human Resources and Clinical Support Officer Linda Rose. Reporting to Rose are three Human Resources assistants, each of whom can deal with human resources problems in any of the Employer's departments. All employees receive the same handbook and are subject to the policies stated therein.

The Employer has a bid procedure for filling staffing needs. If additional RN staff is required, the nurse manager of the particular department completes a human resources action form and sends it to the department manager for execution. With respect to filling RN positions, nurse managers submit the human resources action form to Chief Patient Care Officer Tepper. The form is then forwarded to the human resources department. If the Employer determines that hiring should occur, a bid sheet is generated. For RN positions, the bid form is posted in the hospital and at each HHC location for seven days. RNs who are interested in a posted

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<sup>21</sup> Siwula is an RN. Siwula reports to the campus HHC office but spends at least 75 percent of her time at the hospital. The balance of her time is spent between the HHC offices at Highlands Hospital and the Frick Campus.

position generally speak with the department manager before submitting a bid to the human resources department. Once the bid is submitted, the human resources department selects the successful bidder.

Successful bidders are not selected based solely on seniority. Rather, previous work in the particular department is a factor in making the selection.<sup>22</sup> If no RN bids on a position, or those who bid are otherwise not selected, the department manager can recommend applicants from the outside.<sup>23</sup>

All of the Employer's employees, including both hospital RNs and HHC RNs, attend a one-day general orientation upon becoming employed. At this session, all hospital functions are briefly described and hospital-wide policies are reviewed. After the one-day orientation, RNs receive further orientation/training specific to the department for which he or she has been hired. In addition, if an RN thereafter transfers to a different department, additional department-specific training would be required. Hospital RNs undergo training ranging from between two weeks in the short procedures unit to six months in the operating room. In ICU, CCU and the emergency room, training lasts approximately seven weeks and the RN must attend further classroom education. The training for RNs in the medical-surgical units lasts approximately one month. It appears from the record that the training for HHC RNs is significantly shorter than the training for any of the hospital RN positions.

The record reveals that any discipline to be issued to an HHC RN is initiated, recommended and investigated by Kezmarsky. Kezmarsky consults with Rose to determine the

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<sup>22</sup> Approximately four months before the hearing in this matter, the Employer instituted a "point system" for determining successful bids for RN positions. An RN receives one point for each year employed by the Employer in an RN position and a fraction of a point for years employed by the Employer in an LPN or aide position. RNs are then assigned one-half a point for each year spent working at another facility in the area to which they are bidding. A point is also assigned to bidders who have completed specific training requirements for the area to which they are bidding.

<sup>23</sup> The record indicates that all outside applicants recommended by Manager Kezmarsky for HHC employment have been hired.



proper action to be taken. Likewise, Kezmarsky completes the annual evaluations of HHC employees.

The record reflects many instances of permanent transfers between the hospital and HHC RNs. The record reveals that when the Employer took over Fay-West Health Care in 1986, it retained all of the RNs then working for Fay-West, including Kezmarsky. The record also establishes that 16 of the 17 RNs now working in HHC transferred from hospital positions. In addition, four HHC RNs transferred to RN positions at the hospital. One RN transferred from HHC to the hospital and later transferred back to HHC.

The record indicates that there is minimal temporary interchange among the two groups of RNs. Approximately two years ago, two part-time RNs underwent a six-week orientation and training to enable them to work on a med-surg unit at the hospital. Apparently, these two RNs completed the training but when their hours increased in HHC, both ceased working at the hospital. There are also instances in which RNs from the obstetrics and diabetes departments will make home visits if Kezmarsky requests such specialized service. The record indicates that three obstetric RNs make a total of approximately 100 visits to HHC patients per year. When the visit is completed, the RN records the necessary paperwork for the HHC clinical record. The HHC budget is then charged for the time spent by the obstetric RN while that RN was performing HHC work. Likewise, two RNs from the Employer's diabetes unit make a total of 30 to 40 HHC visits per year, as necessary to properly care for diabetic HHC patients. In such instances, the HHC budget is also charged for such services. It appears that the obstetric and diabetes RNs make these assigned visits independently and do not work in conjunction with the HHC RN. At most, the RNs from the obstetrics or diabetes departments may discuss, by telephone or in person with the HHC RN, the particulars of the patient and the home environment to prepare for their visit. With respect to temporary shortages, the record reveals that hospital RNs and HHC RNs are not reassigned to perform each other's work.

The Employer employs an entrostomal therapist, Mary Kural, RN, in the HHC Department. The record reveals that Kural splits her time between patients admitted at the

hospital and patients in HHC. Kural's patient care function focuses on wound care and care of ostomies. When working in the HHC, Kural reports to Kezmarsky. When working within the main Hospital building, Kural reports to DON Ranae Splendore. Kural's salary is paid from the HHC budget when she is working in the field for HHC patients, and from the hospital budget when she is working with hospital patients.

There is limited contact between the RNs working at the hospital and the RNs working at HHC, with the exception Siwula's coordination of service for newly-referred HHC patients and Kural's interaction while she is working with patients admitted to the hospital. The record indicates that HHC RNs occasionally deliver lab samples collected during home visits to the Employer's lab at the hospital. Otherwise, the HHC RN will bring the specimen to the HHC office where it will be retrieved by a courier employed by the Employer and delivered to the lab for testing. There are no specific examples in the record to establish interaction between HHC RNs and hospital RNs on those occasions when an HHC RN opts to deliver a sample to the lab.

The record establishes that the Employer has numerous committees which meet on various issues. Three committees, the Clinical Task Force Committee, the Ethics Committee and the Clinical Pathways Congestive Heart Failure Committee, have RN representatives from HHC. The Clinical Task Force and Ethics Committees meet on a monthly basis<sup>24</sup> at the hospital. It is unclear from the record how many, if any, hospital RNs also participate on these three committees.

The Employer contends that the unit sought by the Petitioner is inappropriate for two reasons. Initially, the Employer argues that the petitioned for unit is contrary to the Board's Final Rule on Appropriate Collective Bargaining Units in the Health Care Industry ("the Rule")<sup>25</sup> which requires the inclusion of all RNs at an acute care facility. The Employer notes the fact

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<sup>24</sup> It appears that the Clinical Pathways committee meets less frequently.

<sup>25</sup> The Rule is set forth at 29 CFR Part 103, Federal Register No. 76, pp. 16336-16348, 284 NLRB 1579, 1580-1597 (1989).

that the Nursing Department includes the HHC functions at the three locations. Consequently, the Employer argues that such inclusion of the HHC RNs under the overall auspices of the Employer's Nursing Department requires that the RNs working in HHC must be included in a single facility RN unit. Although HHC is administratively considered part of the same department as the acute care nursing areas within the hospital, the fact remains that the RNs working in HHC perform distinct functions and work in diverse locations geographically separated from the hospital RNs.

The Rule, which sets forth appropriate units in acute care hospitals, does not address the issue of whether a single facility or multi-facility unit in the health care industry is presumptively appropriate. However, the Board's decision in Visiting Nurses Association of Central Illinois, 324 NLRB 55 (1997), is instructive in this regard. There the petitioner sought a unit limited to RNs performing, inter alia, home health functions for the Visiting Nurses Association ("the VNA"), notwithstanding that the VNA had been acquired by, and was affiliated with, the Memorial Health System, which also operated Memorial Medical Center ("MMC"), an acute care hospital.<sup>26</sup> The Board found it unnecessary to determine whether the VNA and the MMC constituted a single employer noting, however, that even if the two entities were a single employer, the single facility presumption applied to the petitioned-for home health care unit. The Board thus determined that the petitioned-for unit, limited to RNs working for the VNA, was presumptively appropriate, and that the presumption was not rebutted in that case. In light of the foregoing, I reject the Employer's argument that the unit petitioned for herein is contrary to the Rule,<sup>27</sup> and I find that the issue for resolution herein is whether the multi-facility RN unit urged by the Employer is the only appropriate unit.

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<sup>26</sup> In that case, the VNA and MMC were located on the same campus.

<sup>27</sup> For the reasons set forth above, I also reject the Employer's attempt to distinguish Visiting Nurses Association of Central Illinois, supra, from the instant matter, on the basis that the VNA was not part of the acute care hospital. In that case, in finding the unit limited to the RNs working for the VNA to be an appropriate unit, the Board specifically noted that it would have reached the same conclusion even if it had found that the VNA and MMC constituted a single employer.

The Employer argues alternatively that the HHC RNs must be grouped with the hospital RNs because the two groups are functionally integrated and share a community of interest sufficient to rebut the single facility presumption.

In determining appropriate units for collective bargaining purposes, the Act requires only that the unit be “appropriate” so as to insure to employees in each case the fullest freedom in exercising the rights guaranteed by the Act. There is nothing in the statute which requires that the unit for bargaining be the only appropriate unit, or the ultimate unit, or the most appropriate unit. Morand Brothers Beverage Company, et al., 91 NLRB 409, 418 (1950), *enfd.* 190 F.2d 576 (7<sup>th</sup> Cir. 1951). See also, Omni International Hotel, 283 NLRB 475 (1987) and Capitol Bakers, Inc., 168 NLRB 904, 905 (1967). Thus, a petitioner is not required to seek representation of the most comprehensive grouping of employees. Visiting Nurses Association of Central Illinois, *supra*. In addition, the unit sought by the Petitioner is always a relevant consideration, and the Board first considers the appropriateness of the unit sought by the Petitioner. Overnite Transportation Company, 322 NLRB 723 (1996).

In this case, the Employer contends that the hospital RNs must be grouped with the HHC RNs. Initially, I note, contrary to the Employer's contention as discussed above, that the hospital RNs constitute a single-facility unit. The Board has consistently applied a presumption that a requested single-facility unit is appropriate and has held that a single-facility unit, physically separated from other facilities, is appropriate when there is no history of multi-facility bargaining and the degree of functional integration with other facilities is not sufficient to destroy the separate identity of the facility that the union seeks to represent. O'Brien Memorial, Inc., 308 NLRB 553 (1992). The Board's traditional approach in applying a rebuttable presumption that single facility units are appropriate in the health care industry was reaffirmed in Manor Healthcare Corp., 285 NLRB 224 (1987). See also, Passavant Retirement and Health Center, Inc., 313 NLRB 1216 (1994). In order to rebut the presumption, where the petitioner desires a single-facility unit, regular contact and interchange between the groups of employees of different facilities must be established. O'Brien Memorial, Inc., *supra* at 554.

In the instant case, the Employer has not rebutted the single facility presumption. In making this determination, I note that HHC Manager Kezmarsky controls the day-to-day terms and conditions of the HHC RNs, and admittedly has little, if any, knowledge of the policies affecting hospital RNs, including the requirements set forth in the job descriptions of hospital RNs, timekeeping requirements, scheduling of weekends and holidays, or the medical procedures the hospital RNs are permitted to perform.

Hospital RNs are directly supervised by the department nurse manager of the particular department in which they work. The fact that both HHC Manager Kezmarsky and the nurse managers who supervise hospital RNs ultimately report to common upper level supervision does not alter the fact that the two groups of RNs lack common day-to-day supervision. See Passavant Retirement and Health Center, Inc., supra. at 1218-1219.

The HHC RNs have different skills than the hospital RNs working in the acute care setting. Although members of both groups have undergone training to become licensed as RNs, the work that they perform for the Employer is different and requires distinct skills. Patients referred to HHC obviously do not require the same level of direct patient care as patients admitted to the hospital. Similarly, HHC RNs do not work directly with physicians. Moreover, the training provided by the Employer to hospital RNs differs significantly from the minimal training required to work in HHC. The HHC RNs are not trained regarding patient care in the acute care setting. Likewise, hospital RNs receive no training as to HHC procedures, other than being exposed to a 15-minute overview during the common one-day orientation attended by all hospital employees. In this regard, the record establishes that certain hospital RNs undergo extensive training which can last up to six months. Finally, the majority of HHC RNs and hospital RNs have no contact with each other. I recognize that 3 RNs from obstetrics and 2 RNs from the diabetes department make home visits as necessary for specialized patient

care. However, this does not alter my conclusion that, on the whole, the two groups of nurses lack regular contact and are not assigned to fill-in for each other on a temporary basis.<sup>28</sup>

There remains for consideration the status of entrostomal therapist Mary Kural. The record establishes that RN Kural spends half of her work time performing patient care duties at the hospital. The Board has included dual function employees in units if they regularly perform duties similar to those performed by unit employees for sufficient periods of time so as to demonstrate that they have a substantial interest in the wages, hours and conditions of employment of the unit. See Ansted Center, 326 NLRB 1208 (1998). In this case, I find that Kural meets this criteria and, therefore, I shall include her in the unit found appropriate herein.

With respect to HHC services representative Cheryl Siwula, I note that she is paid exclusively from the HHC budget, that she is supervised only by HHC Nurse Manager Kezmarsky, that she is based out of the HHC facilities and that her work duties relate exclusively to HHC functions. Thus, although she is present to perform her HHC functions in the Employer's hospital facility for much of her workday, it is clear that her duties in functioning as the HHC liaison are not similar to those of the hospital RNs, and that the interaction she may have with the hospital RNs is insufficient to warrant a finding either that she must be included in the hospital RN unit or that the single facility presumption has been overcome in this matter.

Accordingly, I find that the following employees of the Employer constitute a unit appropriate for the purposes of collective bargaining within the meaning of Section 9(b) of the Act:

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<sup>28</sup> In the absence of regular interchange or contact among employees at the different facilities, I accord little weight to the permanent transfers discussed above. See Passavant Retirement and Health Center, Inc., supra at 1218, fn. 2; J & L Plate, Inc., 310 NLRB 429, 430 (1993) and Red Lobster, 300 NLRB 908, 910-911 (1990).

Moreover, based on the above and the record as a whole, I conclude that the Employer has not demonstrated that a determination of the appropriateness of the single-facility RN unit herein would lead to the undue proliferation of bargaining units threatening disruption to the continuity of patient care which Congress sought to prevent in the health care industry.

All full-time and regular part-time registered nurses, including the entrostomal therapist, employed by the Employer at its 508 South Church Street, Mt. Pleasant, Pennsylvania, hospital facility; excluding all office clerical employees, all home health care registered nurses, the home health care services representative and guards, all other professional employees and supervisors as defined in the Act, and all other employees.

### **DIRECTION OF ELECTION**

An election by secret ballot will be conducted by the undersigned Regional Director among the employees in the unit set forth above at the time and place set forth in the Notice of Election to be issued subsequently, subject to the Board's Rules and Regulations.<sup>29</sup> Eligible to vote are those employees in the unit who were employed during the payroll period immediately preceding the date below, including employees who did not work during that period because they were ill, on vacation or temporarily laid off. Also eligible are employees engaged in an economic strike which commenced less than 12 months before the election date and who retained their status as such during the eligibility period and their replacements. Those in the military services of the United States may vote if they appear in person at the polls. Ineligible to vote are employees who have quit or been discharged for cause since the designated payroll period and employees engaged in a strike who have been discharged for cause since the commencement thereof and who have not been rehired or reinstated before the election date, and employees engaged in an economic strike which commenced more than 12 months before the election date and who have been permanently replaced.<sup>30</sup> Those eligible shall vote whether

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<sup>29</sup> Pursuant to Section 103.20 of the Board's Rules and Regulations, official Notices of Election shall be posted by the Employer in conspicuous places at least 3 full working days prior to 12:01 a.m. of the day of the election. As soon as the election arrangements are finalized, the Employer will be informed when the Notices must be posted in order to comply with the posting requirement. Failure to post the Election Notices as required shall be grounds for setting aside the election whenever proper and timely objections are filed. The Board has interpreted Section 103.20(c) as requiring an employer to notify the Regional Office at least five (5) full working days prior to 12:01 a.m. of the day of the election that it has not received copies of the election notice.

<sup>30</sup> In order to assure that all eligible voters may have the opportunity to be informed of the issues in the exercise of their statutory right to vote, all parties to the election should have access to a list of voters and their addresses, which may be used to communicate with them. Excelsior Underwear, Inc. 156 NLRB

or not they desire to be represented for collective bargaining by Frick Professional Nurses Association/HealthCare-PSEA/PSEA; by Service Employees International Union, Local 585, AFL-CIO, CLC; or by neither labor organization.

Dated at Pittsburgh, Pennsylvania, this 17<sup>th</sup> day of November 2000.

/s/Gerald Kobell

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Gerald Kobell  
Regional Director, Region Six

NATIONAL LABOR RELATIONS BOARD  
Room 1501, 1000 Liberty Avenue  
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470-1733-4000  
362-6790  
460-5067-4900

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1236 (1966); NLRB v. Wyman-Gordon Company, 394 U.S. 759 (1969). Accordingly, it is hereby directed that the election eligibility list, containing the full names and addresses of all eligible voters, must be filed by the Employer with the Regional Director within seven (7) days of the date of this Decision and Direction of Election. The Regional Director shall make the list available to all parties to the election. In order to be timely filed, such list must be received in the Regional Office, Room 1501, 1000 Liberty Avenue, Pittsburgh, PA 15222, on or before November 30, 2000. No extension of time to file this list may be granted, except in extraordinary circumstances, nor shall the filing of a request for review operate to stay the requirement here imposed.